



**APPLICATION FOR AMENDMENT TO THE
KANNAPOLIS ZONING MAP**

Property Identification Number(s): _____
(attach separate list if necessary)

Present zoning classification: _____

Requested zoning classification: _____

Number of parcels: _____ Approximate size of area: _____

Physical location of area: _____

Are public utilities available? _____

Reason for map amendment _____

The above information is true and accurate to the best of my knowledge. Signature of Applicant(s):

(attach separate sheet if necessary)

Fee: Please refer to fee schedule to determine applicable fees. All fees are nonrefundable and help to cover administrative and notification costs.

STAFF USE ONLY

Neighborhood Meeting Date: _____

Planning Commission Meeting Date: _____

Dates advertised in newspaper: _____ and _____

Date written notices mailed: _____

Date rezoning sign requested: _____

Planning Commission Decision: _____

Added Conditions: _____

Appeal? _____

City Council Meeting Date: _____

Dates advertised in newspaper: _____ and _____

Date written notices mailed: _____

City Council Decision: _____

Added Conditions: _____

Date applicant notified of final decision: _____